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# Medicare Program Integrity Manual

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal 10

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## CHANGE REQUEST 1744

<u>CHAPTERS</u>	<u>REVISED SECTIONS</u>	<u>NEW SECTIONS</u>	<u>DELETED SECTIONS</u>
1	2.7.6		

**NEW/REVISED MATERIAL--EFFECTIVE DATE: October 17, 2001**  
**IMPLEMENTATION DATE: October 17, 2001**

**Chapter 1§2.7.6 - CAC Process** - is revised to clarify the timeframe for Contractor Advisory Committees (CAC) meetings

**These instructions should be implemented within your current operating budget.**

**Please contact Karen Daily at 410-786-0189 or [kdaily@hcfa.gov](mailto:kdaily@hcfa.gov) for further questions.**

**NOTE: Red italicized font identifies new material.**

## **2.7.6 - CAC Process - (Rev. 10, 09-17-01)**

### **A - Frequency of Meetings**

Hold a minimum of 3 meetings a year, with no more than 4 months between meetings. *In the circumstance where a contractor is switching from 4 CAC meetings per year to 3 meetings, it is acceptable to have more than 4 months between the meetings. However, the contractor must notify the RO that this one time occurrence is taking place.*

### **B - Data**

Each meeting should include a discussion and presentation of comparative utilization data that has undergone preliminary analysis by the carrier and relates to discussion of proposed LMRP. Carriers solicit input from CAC members to help explain or interpret the data and give advice on how overutilization should be addressed. The use of data to illustrate the extent of problem billing (e.g., average number of services per 100 patients) may help justify the need for a particular policy. The comparative data should be presented using graphs, charts, and other visual methods of presenting data. Carriers may present egregious individual provider's data as long as the provider's identification is not disclosed or cannot be deduced.

### **C - Payment for Participation**

Participation in the CAC is considered a service to physician colleagues. Carriers do not provide an honorarium or other forms of compensation to members. Expenses are the responsibility of the individuals or the associations they represent.

### **D - Recordkeeping**

Carriers keep minutes of the meeting and distribute them to members. Carriers submit the following items from CAC meetings to the RO MR staff within 10 days following the meetings:

- A copy of the meeting agenda (include the date of the meeting);
- A prompt copy of meeting minutes (not approved);
- A copy of the approved minutes from the prior meeting, including a summary of this discussion and the number of attendees, broken down into committee members, alternates or observers and RO staff; and
- Tentative date of the next meeting.

Also, submit a copy of the approved CAC minutes to CO. Send the approved CAC minutes via email to: MROperations@HCFA.GOV State "CAC Minutes" in the subject line of the email.

### **E - Communicating With CO on National Issues**

While the CMD should encourage CAC members to work through their respective organizations and Practicing Physicians Advisory Council (PPAC) to effect national policy, the CAC is not precluded from commenting on these issues. When appropriate, the CMD may choose to forward

a formal letter to CO from the CAC. Send these letters through the RO, where they will be answered or forwarded to the appropriate component in CO for response.

### **F - Support for Beneficiary Member**

Provide individual support to the beneficiary representative in understanding the CAC role and process. This includes assisting the beneficiary representative in understanding the LMRPs so they are better able to determine the effect of the policy on the beneficiary community. Carriers are encouraged to find ways to involve the beneficiary community in efforts to stem abuse through LMRP development.